

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match. The on-screen version of the Collider-Accelerator Department Procedure is the Official Version. Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ Training Office, Bldg.911A.*

C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

2.6.2.a Energized Circuit Work Permit –AGS and Booster Enclosures

| C-A-OPM Procedures in which this Attachment is used. | | |
|------------------------------------------------------|--|--|
| 2.6.2 | | |
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Hand Processed Changes

| <u>HPC No.</u> | <u>Date</u> | <u>Page Nos.</u> | <u>Initials</u> |
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Approved: _____
 Collider-Accelerator Department Chairman Date

J. Sandberg

ENERGIZED CIRCUIT WORK PERMIT-AGS/BOOSTER ENCLOSURES

This permit is required to allow personnel entry into the accelerator, with the apparatus listed below energized, in accordance with Es&H Standard No. 1.5.0. This permit applies to all personnel who work at the C-A complex.

Accelerator: ~ Booster ~ AGS Location/Circuit: _____

Description of task: _____

Justification: The worker needs to observe the apparatus while it is energized. Passage through the work area (outside of barriers) is permitted since no contact with equipment is allowed and workers are trained to stay outside flash protection zone.

| | | |
|------------------|--------------|--|
| Start | Date & Time: | |
| Estimated Finish | Date & Time: | |

Special Conditions:

Q Other energized circuits (see table) Q Electrical massive ground, live terminals

INSTRUCTIONS: Operations Coordinator LIST ALL ENERGIZED EQUIPMENT

| Energized Equipment (name) | Switch Location/Number | LOTO Removed (RAP initials) |
|----------------------------|------------------------|-----------------------------|
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| | | |

Procedures of Task: 15.17.99.99 Warnings specified (Y/N): _____

Clearance Zone (ft): _____ Personal Protective Equipment (type): _____

Person(s) performing task understands procedure and hazards by signing:, OC to add date trained.

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Supervisor Approval _____ Date _____
OC Approval _____ Date _____

Copies of this completed form are held by the workers supervisor, forwarded to the Facility Support Representative and the Department Safety Coordinators. The workers copy is presented to the gate watch, posted at the work location and returned to the gate watch at the completion of the work.